# SOUTH CAROLINA AUTOMOBILE LIABILITY INSURANCE REPORTING (SC ALIR) SYSTEM

## IMPLEMENTATION GUIDE FOR INSURANCE COMPANIES

Version 1.6 March 15, 2004

### **Technical Highlights for Insurers**

- When reporting FR4a Compliance Transactions, insurers must report the FR4 Reference Number. This number is sent to the customer with the FR4 suspension letter. Insurers may have to make modifications to their system for the collection, storage, and reporting of this number.
- For the Policy Cancellation Date & Century, the EDI elements "DTM02 and DTM05, when DTM01 = 177" have been specified. Although this is a deviation from the WPC EDI Guide, the EDI elements were chosen because they were already being used by Colorado.

## 1. Introduction

The South Carolina (SC) Department of Motor Vehicles (DMV) is implementing the South Carolina Automobile Liability Insurance Reporting (SC ALIR) System that collects automobile liability insurance information from insurers that are licensed to provide automobile liability insurance in the state. The DMV will cross-reference the collected information to South Carolina driver and vehicle data to identify registered vehicles that do not meet the minimum automotive liability insurance requirements of the state.

The SC legislature has passed the law requiring insurers to submit insurance information to SC DMV. A Working Group and a Technical Committee have been formed to assist in defining the regulations and deciding the various issues concerning the implementation of the SC ALIR System. This document has been created to assist in the technical committee discussions. The recommendations of the technical committee will be provided to the Working Group for the final decisions. As the working group and technical committees continue to refine requirements, this guide will be updated and republished.

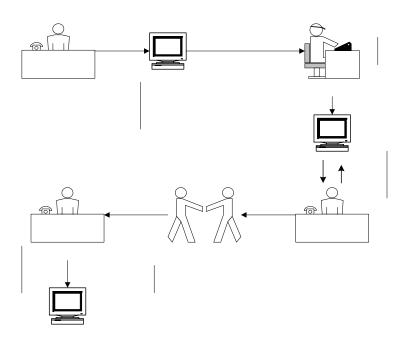
## 2. The ALIR Process

This section describes the ALIR process. It is divided into three subsections:

- Insurer Registration
- Regular Policy Cancellation and Compliance Process
- SR22 and SR26 Electronic Filing Process

## 2.1 Insurer Registration

Before insurance companies can start submitting data to the SC ALIR system, they have to register with the DMV. This process is illustrated in the following diagram.



#### 2.1.1 Registration Initiation

Insurers will initiate the process by filling out the registration form on the SC ALIR website (<a href="http://www.sc-alir.com">http://www.sc-alir.com</a>). In the form, they will provide the following information:

- Company information such as name and NAIC number
- Contact information such as main contact person name, address, phone, and email
- Selection of Communication Option: Insurers can choose to submit data using FTP, VAN, or Web
- Selection of File Format option: Insurers who select FTP as the communication option can choose to exchange either Text or EDI files
- Selection of Security Option: Insurers who select FTP can choose to encrypt data using SSL or PGP
- EDI Specific Information: Insurers who select EDI can select the file delimiters they want to use.
- Preferred User ID and Password for web transactions

#### 2.1.2 Registrant Verification

After the insurers submit the registration request, the DMV will review and verify it. The insurer must be an insurance company recognized by the Department of Insurance. If the registration requirements are not met, the contact information submitted during registration will be used to notify the registrant and collect any missing/incorrect information. Once the verification is complete, the insurer will be contacted by SC ALIR representative.

#### 2.1.3 Testing for FTP/VAN

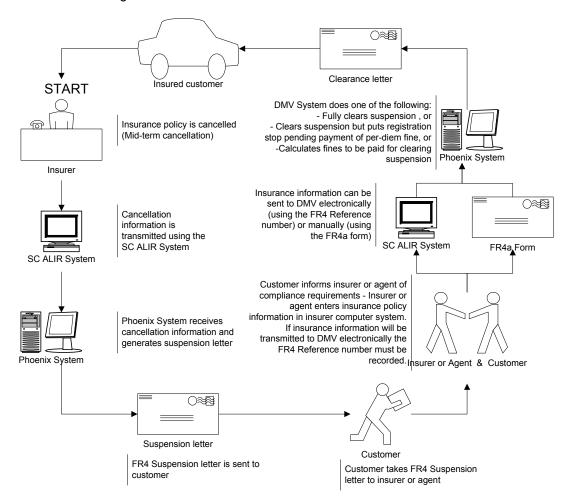
Structured testing will be conducted with the insurers who selected the VAN or FTP option. FTP User Ids and passwords will be provided for FTP users, and PGP keys will be exchanged with PGP users. The insurer will transmit test data using the selected communication method and file format. The transmission will reviewed by SC ALIR representative. If it does not meet the SC ALIR requirements, the insurer will be notified of the failure. Insurer must successfully transmit data that meets SC ALIR requirements.

## 2.1.4 Registration Approval

Once the testing is successfully completed, the notification of approval will be sent to the registrant. Insurance company may begin transmitting using the SC ALIR System.

## 2.2 Regular Insurance Cancellation and Compliance Process

The process for regular insurance cancellation (FR4) transactions and compliance (FR4a) transactions is illustrated in the diagram below.



#### 2.2.1 Transmittal of Cancellation Information

Insurer will transmit mid-term cancellations and non-renewals for underwriting reasons (see Section 6 and 7 for clarifications on types of policies that should be transmitted). Insurers can submit individual transactions on the web or compile all transactions into a file and transmit them to the SC ALIR system using the communication method and file format selected during registration. For each policy reported, the required data fields (for required data fields refer to section 8) for at least one vehicle and one customer will be required. For Web transactions only, information for no more than four (4) vehicles and/or four(4) customers for the same policy can be transmitted in one transaction . If more than four vehicles are cancelled from a policy the additional vehicles must be transmitted as a separate transaction. For FTP and VAN transactions, there is no limit on the number of vehicles or customers that can be transmitted on the same record.

#### a) Transmitting using the SC ALIR Website

If reporting using the SC ALIR website, only insurers can submit information. The user will log on to the website, click on the "New Transaction" button, and select the "FR4-Regular Insurance Cancellation". The user will first provide the policy information including policy number, policy

effective date and policy cancellation date. After the policy information is saved, the user will be able to add vehicles and customers.

When adding a vehicle, the user will enter the VIN. If the VIN is present in the DMV database, the Make and Model of the automobile will be displayed, and the user can verify and save the vehicle information. If the VIN is not present in the Phoenix database, the user will still be able to submit the vehicle information. Non-matching vehicles will be later matched using a partial VIN match algorithm.

When adding a customer, the user will first choose the customer type - "Person" or "Organization". Depending on the selection, fields corresponding to organization (such as Organization Name and Federal Tax ID) or fields corresponding to person (such as customer name, date of birth, drivers license number) will be displayed. The information submitted the user will not be compared to the information in DMV.

Once the policy, vehicle, and customer information is added, the user will be able to submit the transaction. The user will also have the ability to save the transaction for submittal at a later point.

#### b) Transmitting using FTP

The insurer will compile all transactions since their last submission into the EDI or Text prescribed format guide. PGP users will encrypt the file using the DMV's public PGP key provided during registration. They will be able to connect the SC ALIR System's FTP server using any compatible FTP client. Non-PGP users will have to use an SSL enabled FTP client to connect to the server.

The user will login using the FTP User Id and password provided during registration. After the User ID and password are successfully verified, the user will be presented with 2 folders: an Inbound folder and an Outbound folder. The user will deposit the prepared document into the Inbound folder.

#### c) Transmitting using VAN

The insurer will compile all transactions since their last submission into the EDI prescribed format. The insurer will connect to the insurer's VAN account, and transmit the prepared document to the SC ALIR System VAN mailbox. The SC ALIR system will pick the document from the mailbox.

#### 2.2.2 Submission Format & Data Verification

The verification will ensure that the submission complies with the format and data specifications set forth in this guide. The method of verification will depend on the file format.

- a) Text Files: The row lengths and header information will be verified first. If any errors are found, the whole file will be rejected. An error message will be attached to the top of the file, and it will be placed in the Outbound FTP folder of the insurer. If the header information and the row lengths are correct, the rows in the text file will be parsed to obtain the values for individual fields. The field formats and values will be verified to ensure that they are in the format specified in Section 8. If any errors are found in one or more rows, an error file containing the individual rows and the corresponding error codes will be generated. This error file will be placed in the Outbound FTP folder of the insurer.
- b) **EDI Files**: The file will be passed through the Gentran translator to ensure that it meets the X12 811 format and the field specifications listed in Section 8. If any errors are found, an X12 997 document will be generated. For insurers using FTP, it will be placed in the Outbound FTP folder. For insurers using VAN, it will be sent to the insurer's VAN mailbox.
- c) **Web transactions**: For web transactions, the initial format and data verification will be done online. The user will be prevented from submitting the transactions if any errors are found.

#### 2.2.3 Submission Matching with DMV Data - FR4 data

The transactions that do not have formatting errors will be matched with Phoenix data. The VIN will be used as the primary matching criterion. If VIN does not match, a combination of customer information and partial VIN will be used to identify registered vehicles.

If a match cannot be found, then the error record will be sent back to the insurer. For insurers using text files, an error file will be generated. For insurers using EDI, an X12 811 will be sent with the error code in the appropriate segment. For insurers using web, an error transaction will be posted on the website.

#### 2.2.4 Suspension Creation

If the submitted data can be matched with the DMV data, an FR4 registration suspension (FR-02) will be generated for the matched vehicle. A corresponding suspension letter (FR4) will be sent to the primary registered owner/lessee of the vehicle (even if he/she was not included in the submitted customer information for that policy). The letter will include an FR4 Reference Number that will identify the suspension record. It will inform the customer that he/she has 45 days from notification to provide SC DMV with proof of insurance.

If proof of insurance is not received within 45 days the customer's vehicle registration will become suspended. Once suspended the customer's tag will appear on a report for pickup by the South Carolina Highway Patrol.

#### 2.2.5 Customer Action

When the customer receives the FR4 suspension letter, she/he can complete the letter and send it to SC DMV if the vehicle has been sold, traded or junked. If not, the letter must be taken to an insurer or agent for processing.

#### 2.2.6 Insurer or Agent Action

#### a) Agent Action

The customer will provide the agent with the FR4 suspension letter. If the customer already has insurance in force or if a new policy is written, the agent will record the FR4 Reference number in the insurer computer system, or manually complete the FR4a form for the customer.

#### b) Insurer or Direct Writer Action

The customer will provide the insurer with the FR4 suspension letter or the required information. If the customer already has insurance in force or if a new policy is written, the insurer will record the FR4 Reference number in the insurer computer system, or manually complete the FR4a form for the customer.

#### c) Customer Action

It is the customer's responsibility to ensure that DMV receives the current policy information before the suspension start date; otherwise the customer's vehicle registration may be suspended before the insurance policy information is received by DMV.

#### 2.2.7 Electronic Transmission of Compliance Information

Insurers will be responsible for transmitting compliance information using the SC ALIR system using the web, FTP, or VAN. If the insurer has chosen to report electronically, compliance information must be reported daily.

If one insurance policy meets the requirements of multiple suspensions with different reference numbers, a separate transaction must be transmitted for each FR4 Reference number.

#### a) Transmitting using the SC ALIR Website

Compliance transactions will only be submitted by the insurer. The user will log on to the website, click on the "New Transaction" button, and select the "FR4a-Regular Insurance Compliance". The user will enter the FR4 Reference number that will be matched against the DMV database. If the FR4 Reference number cannot be matched against the Phoenix database, the user will be able to search for FR4 Reference number by VIN.

Once a match is found, the associated customer information will be displayed and the user will enter and submit current policy information including policy number and the policy effective date

#### b) Transmitting using FTP/VAN

The compliance transactions can be included in the text or EDI file used for reporting. The transmittal process is included in Section 2.2.1.

The submitted data will be verified for formatting and data errors using the process described in Section 2.2.2.

#### 2.2.8 DMV Processing of Compliance Information

The transactions that do not have formatting errors will be matched with DMV data using FR4 Reference number. The DMV action will depend on how the policy effective date compares to the cancellation and suspension dates. Additional information on DMV processing procedures can be found in the Supplemental Information Guide.

#### 2.3 SR22/26 Process

For information on SR22 compliance transactions and SR26 (cancellation of SR22) refer to the Supplemental Information Guide.

## 3. Method of Communication Options

The ALIR System will provide insurers with the following options for data communications with the SC ALIR System:

- Internet File Transfer Protocol (FTP) accepting both Electronic Data Interchange (EDI) and Text documents
- Value Added Network (VAN) accepting EDI documents
- Internet Hyper-Text Transfer Protocol (HTTP) or Web accepting direct data entry

During registration with the SC ALIR System, each insurer will select the communication. This selection applies to both sending data to the SC ALIR System and receiving data from the system. During registration, each insurer will also select the data document type to be exchanged with the system, based on the selected communication option.

## 3.1 File Transfer Protocol (FTP) Data Communication

Insurers that wish to transmit large files to the SC ALIR System without incurring the costs of a VAN may use the FTP option. Secured FTP accounts and folders will be created within the SC ALIR System for the insurers that choose the FTP option while registering with the SC ALIR System. Login, folder structure and other necessary information will be provided to insurers to allow access their specific folders. Those insurers wishing to exchange PGP encrypted files through FTP, instead of using SSL, must exchange proper encryption information (keys) with the department prior to exchanging insurance data.

## 3.2 Value Added Network (VAN) Data Communication

VANs have traditionally been used by businesses exchanging EDI documents with multiple partners. Insurers who already have investments in VAN technology may select the VAN option.

IVANS, that has been providing electronic communication services to more than 500 insurance and health care industries and related organizations, is the VAN that will be used by the SC ALIR system. IVANS uses the IBM Information Exchange (an IBM/ATT VAN Network). Insurers using the VAN option will have to set up mailboxes and communications with IVANS or the IBM Information Exchange (unless they are already using them)

#### 3.3 Web Data Communication

For low reporting volumes, insurers may prefer the option of entering data directly on the SC ALIR System's secure website. All registered users will have the ability to submit data over the web. However only users that have selected Web as their primary communication option will be able to retrieve Error Transactions via the web. After insurers have successfully registered, they will be provided with a unique user name and password to access the secure website. The confidentiality and continued security of the username and password will be the insurer's responsibility.

## 4. File Formatting Options

Insurers submitting data using FTP will have the option of submitting either text or EDI files. Insurers using the VAN will only be able to submit EDI files. The file formatting option will be selected during registration.

## 4.1 Electronic Data Interchange Documents

EDI is commonly used for application-to-application exchange of business documents according to standardized electronic formats. The SC ALIR System supports the American National Standards Institute, Accredited Standards Committee (ANSI ASC) X12 Standard, Transaction Sets 811 and 997, Release 003050. This standard has been identified for use in state government ALIR applications by insurance industry trade groups such as the Insurance Industry Committee on Motor Vehicle Administration (IICMVA) and is already in use by some other state DMVs for Automobile Liability Insurance Reporting.

#### 4.2 Text Documents

Insurers will have the alternative of using Text data interchange with the SC ALIR System. A Text data interchange format will be specified to support the needs of the SC ALIR System.

## 5. Data Security

#### **FTP**

The SC ALIR System will implement FTP using a Secured Sockets Layer (SSL) enabled FTP server or by exchanging PGP encrypted data. An SSL enabled FTP client is required to exchange files with the server (for non-PGP users). The SC ALIR Program will supply an SSL enabled FTP client (free of charge) for the Microsoft Windows family of operating systems on request of any insurer SSL enabled FTP provides document security by encrypting the FTP channel between the secured server and client, whereas PGP encrypts the data itself. This helps to keep each insurer's information confidential during the transfer to the SC ALIR System. All connections to the FTP server are restricted to SSL enabled FTP clients or data encrypted using PGP.

#### Web

All data submitted/retrieved over the web will also be encrypted using SSL.

#### **VAN**

The Value Added Network is a private network that ensures data security.

## 6. Types of Transactions

#### 6.1 Transactions Reported by the Insurers

- a) The following types of transactions will be reported by the insurers:
  - 1. All mid-term non-pay cancellations
  - 2. All mid-term cancellations where an insured requests cancellation of the policy before the policy period has expired except for the following: the insured produces satisfactory proof from the Department that he has sold or otherwise disposed of the insured vehicle or surrendered its tags and registration; the insured has secured another policy that meets the financial responsibility requirements prescribed by law.
  - 3. All non-renewals for underwriting reasons by the insurer.
  - 4. All FR4a compliance transactions for new/renewed policies that have been added/reinstated in response to FR4 notices (Compliance Reporting)

## 6.2 Transactions Sent by SC ALIR system to insurers

The SC ALIR system will send Error Transactions to the insurers. The insurers will re-submit this data as new transactions

## 7. Types of Policies

The following types of policies should be reported:

- b) Only private passenger automobile liability insurance
- c) Only policies for motor vehicles registered and insured in South Carolina
- d) Only vehicle specific insurance
- e) No commercial policy form should be reported

## 8. Data Elements

The data elements listed in the table below will be exchanged by the insurers and the SC ALIR system. As the working group and technical committees continue to refine requirements, this table will be updated and published in a new version of the implementation guide. Deviations from the WPC EDI Guide are noted. These deviations still conform to the X12 811 standard.

|   | Field Code for SC<br>ALIR System | Data Type/Length  | Description  | Data Element in EDI<br>document (Deviations<br>from WPC EDI Guide<br>are in Red Italics) | Mandatory                                 | Error Code |
|---|----------------------------------|-------------------|--|--|---|------------|
| Insurer's<br>Transaction<br>Reference<br>Number | INS_REF_NO                       | Alphanumeric (30) | Reporting insurer's unique transaction reference number for identifying each individual submitted transaction. This number will be used by the SC ALIR System when sending errors back to the insurer. Although this field is not mandatory, its submission is highly recommended to aid in transaction and error tracking.  | DD (HL4 Policy   | NO  | n/a        |
| Transaction<br>Type                             | TX_TYPE                          | Alpha(3)          | Type of transaction, cancellation, or FR-4A satisfaction  XLC = cancellation  NBS = FR-4A Satisfaction   | FR-4A satisfaction<br>SI02, when SI02 = 11<br>(HL4 Policy Information)                   | YES                                       | E075       |
| FR-4<br>Reference<br>Number                     | REF_FR4                          | Numeric(9)        | This file (reference) number contained in the Fr-4 notice is required when submitting an FR-4A satisfaction transaction. This number allows the system to cross-reference a previously submitted cancellation notice.  |  | Yes, when submitting an FR-4A transaction | E600       |
| Insurer's<br>NAIC<br>Number                     | NAIC_NO                          | Numeric(5)        | Reporting insurer's NAIC (National Association of Insurance Commissioners) number.  Please note – programmatically, it is likely that if this data field is in error, it will affect the entire transmission filed by the insurer for a given filing period. Therefore, this error will only be counted as ONE occurrence (per filing period) toward the insurer's error ration. |  | YES                                       | E097       |
| Insurer's<br>Policy<br>Number                   | POLICY_NO                        | Alphanumeric(25)  | Reporting insurer's policy number associated with particular transaction.  | REF02, when REF01 = IG (HL4 Policy Information)  | YES                                       | E085       |

|                                   | Field Code for SC<br>ALIR System | Data Type/Length | Description  | Data Element in EDI<br>document (Deviations<br>from WPC EDI Guide<br>are in Red Italics) | Mandatory   | Error Code |
|-----------------------------------|----------------------------------|------------------|--|--|---|------------|
| Policy<br>Effective<br>Begin Date | EFF_BEGIN_DATE                   | Numeric(6)       | Date at which the policy became effective. Policy effective date should always be in the past. FORMAT: YYMMDD  | DTM02, when DTM01 = 007 (HL4 Policy Information)   | YES   | E115       |
|                                   | EFF_BEGIN_CENTU<br>RY            | , ,              | Date at which the policy became effective. Policy effective date should always be in the past. FORMAT: CC (The first two characters in the designation of the year CCYY)   | DTM05, when DTM01 = 007 (HL4 Policy Information)   | YES   | E115       |
| Policy<br>Cancellation<br>Date    | CANCEL_DATE                      |                  | Date at which the policy's cancellation took effect. Policy Cancellation Date should always be in the past.  FORMAT: YYMMDD  | DTM02, when DTM01 =<br>177 (HL4 Policy<br>Information)                                   | YES, when<br>Transactio<br>n Type is<br>XLC<br>(Cancellati<br>on) | E610       |
| Policy<br>Cancellation<br>Century | CANCEL_CENTURY                   |                  | Date at which the policy's cancellation took effect. Policy Cancellation Date should always be in the past.  FORMAT: CC (The first two characters in the designation of the year CCYY)   | DTM05, when DTM01 =<br>177 (HL4 Policy<br>Information)                                   | YES, when<br>Transactio<br>n Type is<br>XLC<br>(Cancellati<br>on) |            |
|                                   | POLICY_CANCEL_R<br>EASON_CODE    | , , ,            | Codified policy cancellation reason of submitted insurer transaction as indicated by ALIR Reporting Guide. The valid codes are:  • NPP (Policy cancelled due to non-payment)  • COC (Underwriting Reasons)  • CRQ (Customer Request) | SI03, when SI02 = 12<br>(HL4 Policy Information)   | YES, when<br>Transactio<br>n Type is<br>XLC<br>(Cancellati<br>on) | E615       |

|                                     | Field Code for SC<br>ALIR System | Data Type/Length |  | Data Element in EDI<br>document (Deviations<br>from WPC EDI Guide<br>are in Red Italics) | Mandatory | Error Code |
|-------------------------------------|----------------------------------|------------------|--|--|-----------|------------|
| Vehicle<br>Identification<br>Number | VEH_VIN                          | Alphanumeric(30) |  | VEH02 (HL5 Vehicle<br>Information)   | YES       | E200       |
| Vehicle<br>Manufacture<br>Century   | VEH_CENTURY                      | Numeric(2)       | Model century of the vehicle. This should match<br>the NCIC code for the year.<br>FORMAT: CC (The first two characters in the designation of<br>the year CCYY) | Information)   | YES       | E215       |
| Vehicle<br>Manufacture<br>Year      | VEH_YEAR                         | Numeric(2)       | Model year of the vehicle. This should match the NCIC code for the year. FORMAT: YY (The last two characters in the designation of the year CCYY)              | VEH04 (HL5 Vehicle<br>Information)   | YES       | E220       |
| Vehicle<br>Manufacture<br>r         | VEH_MAKE                         | Alpha(4)         |  | VEH06 (HL5 Vehicle<br>Information)   | YES       | E205       |
| Vehicle<br>Model                    | VEH_MODEL                        | Alphanumeric(12) |  | VEH07 (HL5 Vehicle<br>Information)   | NO        | E210       |
| Customer<br>Type                    | CUS_TYPE                         | Alphanumeric(1)  | Type of Customer<br>Valid values are<br>1 = Person<br>2 = Organization   | NM102 (HL4 Insured<br>Name)  | YES       | E018       |

| Data Field  | Field Code for SC<br>ALIR System | Data Type/Length | Description  | Data Element in EDI<br>document (Deviations<br>from WPC EDI Guide<br>are in Red Italics) | Mandatory   | Error Code |
|---|----------------------------------|------------------|--|--|---|------------|
| Customer's<br>South<br>Carolina<br>Drivers<br>License<br>Number     | CUS_DL_NO                        |                  | Customer's South Carolina Drivers License Number. If the customer does not have a South Carolina Driver's License, then this field should be left blank. Information for non-South Carolina Driver's Licenses should not be submitted. | N (HL4 Insured Name)<br>Or   | YES IF customer has a South Carolina Driver's License       | E045       |
| Customer<br>Organization<br>Federal Tax<br>Identification<br>Number |                                  | . , ,            | Federal Tax Identification Number for an organization acting as customer. This field should be left blank if the customer is not an organization or if the insurer does not collect this information.                                  | NM109, when NM108 =<br>FI (HL4 Policy)   | NO<br>If the<br>Customer<br>Type is 2<br>(Organizati<br>on) | E047       |
| Customer's<br>Last Name   | CUS_LAST_NAME                    | Alpha(35)        | Last name of customer if an individual or name of organization if an entity.   | NM103 (HL4 Insured<br>Name)<br>or<br>NM103 (HL4 Additional<br>Operator Name)             | YES   | E020       |
| Customer's<br>First Name  | CUS_FIRST_NAME                   | . , ,            | First name of customer if an individual or blank it an entity.   | Name) or   | YES If the Customer Type is 1 (Person)                      | E025       |
| Customer's<br>Middle Initial  | CUS_MI                           | . , ,            | Middle initial of customer if an individual, or blank if an entity.  | NM105 (HL4 Insured<br>Name) or<br>NM105 (HL4 Additional<br>Operator Name)                | NO  | n/a        |

|                                   | Field Code for SC<br>ALIR System | Data Type/Length | Description  | Data Element in EDI<br>document (Deviations<br>from WPC EDI Guide<br>are in Red Italics)     | Mandatory  | Error Code |
|-----------------------------------|----------------------------------|------------------|--|--|--|------------|
| Customer's<br>Name Suffix         | CUS_SUFFIX                       | Alphanumeric(3)  | Suffix of customer's name if an individual, or blank if an entity.  FORMAT: SR - Senior JR - Junior I - The first II - The second III - The third IV - The fourth V - The fifth                                      | NM107 (HL4 Insured<br>Name) or<br>NM107 (HL4 Additional<br>Operator Name)                    | NO   | n/a        |
| Customer's<br>Street<br>Address   | CUS_ADDRESS                      |                  | Street address of customer.  NOTE – This will only create an error if the data is improperly formatted. An error will not be returned is the value is incorrect (e.g. – wrong street address for customer).          | N301 and N302 (HL4<br>Insured Name)<br>Or<br>N301 and N302 (HL4<br>Additional Operator Name) | YES<br>For Named<br>Insured                        | E050       |
| Customer's<br>Address City        | CUS_CITY                         | , ,              | City of customer's address.  NOTE – This will only create an error if the data is improperly formatted. An error will not be returned is the value is incorrect (e.g. – wrong city address for customer).            | N401 (HL4 Insured  | Yes<br>For Named<br>Insured                        | E055       |
| Customer<br>State                 | CUS_STATE                        | Alpha(2)         | State of Customer's address  NOTE – This will only create an error if the data is improperly formatted. An error will not be returned is the value is incorrect (e.g. – wrong state address for customer).           | Name) or   | YES<br>For Named<br>Insured                        | E060       |
| Customer's<br>Address Zip<br>Code | CUS_ZIP                          | Alphanumeric(9)  | Zip Code of customer's address.  NOTE – This will only create an error if the data is improperly formatted. An error will not be returned is the value is incorrect (e.g. – wrong postal code address for customer). | N403 (HL4 Insured<br>Name) or  | YES<br>For Named<br>Insured                        | E065       |
| Customer's<br>Date of Birth       | CUS_DOB                          | Numeric(6)       | ,  | DTM02, when DTM01 =<br>222 (HL4 Policy)  | YES<br>If the<br>Customer<br>Type is 1<br>(Person) | E110       |

|                                       | Field Code for SC<br>ALIR System | Data Type/Length | Description  | Data Element in EDI<br>document (Deviations<br>from WPC EDI Guide<br>are in Red Italics) | Mandatory  | Error Code |
|---------------------------------------|----------------------------------|------------------|--|--|--|------------|
| Customer's<br>Century of<br>Birth     | CUS_DOB_CENTUR<br>Y              | , ,              | Date of Birth (century) of customer. This field should be left blank if the customer is an organization.  FORMAT: CC (The first two characters in the designation of the Year CCYY)  NOTE – This will only create an error if the data is improperly formatted. An error will not be returned is the value is incorrect (e.g. – wrong date of birth for customer). | DTM05, when DTM01 =<br>222 (HL4 Policy)  | YES If<br>the<br>Customer<br>Type is 1<br>(Person) | E110       |
| ALIR<br>System<br>Reference<br>Number | ALIR_REF_NO                      | Numeric(9)       | Unique ALIR system-generated transaction reference number for identifying each transaction. This number is sent to insurer with error transactions. THE INSURERS DO NOT USE THIS FIELD IN THEIR SUBMISSIONS  |  | NO (Not<br>used by<br>insurers)                    | n/a        |
| Transaction<br>Return Error<br>Number | TX_RETURN_ERRO<br>R_NO           |                  | Error code used by the SC ALIR System when sending errors back to the insurer. The insurer never submits this field.   | REF02, when REF01 = 1Q (HL4 Error Identification) or (HL5 Vehicle Information)           | NO   | n/a        |

## 9. Error Codes and Definitions

The table below has a preliminary list of error codes that will be returned to the insurer in the "Transaction Return Error Number" field. This list may be refined in the next version of the Implementation Guide.

| Error Code | Missing or Invalid Data Field   | Field Code                |
|------------|---|---------------------------|
| E018       | Customer Type   | CUS_TYPE                  |
| E020       | Customer's Last Name  | CUS_LAST_NAME             |
| E025       | Customer's First Name   | CUS_FIRST_NAME            |
| E045       | Customer's South Carolina Drivers License Number  | CUS_DL_NO                 |
| E047       | Customer Organization Federal Tax Identification Number                                     | CUS_FED_TAXID             |
| E050       | Customer's Street Address   | CUS_ADDRESS               |
| E055       | Customer's Address City   | CUS_CITY                  |
| E060       | Customer State  | CUS_STATE                 |
| E065       | Customer's Address Zip Code   | CUS_ZIP                   |
| E075       | Transaction Type  | TX_TYPE                   |
| E085       | Insurer's Policy Number   | POLICY_NO                 |
| E097       | Insurer's NAIC Number   | NAIC_NO                   |
| E110       | Customer's Date of Birth  | CUS_DOB                   |
| E110       | Customer's Century of Birth   | CUS_DOB_CENTURY           |
| E115       | Policy Effective Begin Date   | EFF_BEGIN_DATE            |
| E115       | Policy Effective Begin Century  | EFF_BEGIN_CENTURY         |
| E200       | Vehicle Identification Number   | VEH_VIN                   |
| E205       | Vehicle Manufacturer  | VEH_MAKE                  |
| E210       | Vehicle Model   | VEH_MODEL                 |
| E215       | Vehicle Manufacture Century   | VEH_CENTURY               |
| E220       | Vehicle Manufacture Year  | VEH_YEAR                  |
| E600       | FR-4 Reference Number   | REF_FR4                   |
| E610       | Policy Cancellation Date  | CANCEL_DATE               |
| E610       | Policy Cancellation Century   | CANCEL_CENTURY            |
| E615       | Missing Policy Cancellation Reason Code   | POLICY_CANCEL_REASON_CODE |
| E620       | Policy Cancellation Date is within 60 days of Effective Date for a Non-Payment Cancellation | CANCEL_DATE               |

Once all error codes have been defined, the working group will classify each code according the codes into error types, and will determine corresponding compliance schedules and fines, if any.